



# Vehicle Inspection Report Endorsement

(This is NOT a safety inspection)

Date of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ Insurer Name: \_\_\_\_\_ Binder No.: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inspectors (print): \_\_\_\_\_ Inspection Site (name/address) \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_ Body Style: \_\_\_\_\_  
Make: \_\_\_\_\_

Vehicle Identification Number (Obtain Direct from Vehicle Dash or EPA Sticker):

From: \_\_\_\_\_ 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Discrepancies between numbers: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Plate No.: \_\_\_\_\_ State: \_\_\_\_\_ Garaged At: \_\_\_\_\_

Accessories and Optional Equipment:	Permanently Installed
<input type="checkbox"/> Anti-theft Device Brand _____ Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Anti-lock Brakes	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Air Bag If yes, <input type="radio"/> Driver Side <input type="radio"/> Both Passenger & Driver	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Radio: <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> AM/FM Tape Deck <input type="checkbox"/> Stereo <input type="checkbox"/> Factory Installed or Brand _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Stereo Amplifier System Brand _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Compact Disk Player <input type="checkbox"/> Factory Installed Brand _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> CB Radio <input type="checkbox"/> Antenna Brand _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Telephone <input type="checkbox"/> Antenna <input type="checkbox"/> Transmitter Brand _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> Manual Transmission <input type="checkbox"/> 3sp <input type="checkbox"/> 4sp <input type="checkbox"/> 5sp <input type="checkbox"/> Automatic	
<input type="checkbox"/> Other _____	

**PHYSICAL CONDITION OF VEHICLE**  
Check Damaged Areas or Areas in Poor Condition and Describe Below.

Body 

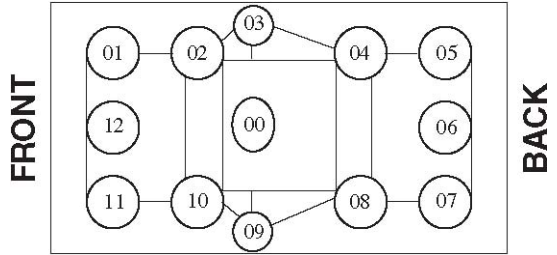
01	02	03	04	05	06	07	08	09	10	11	12	00
----	----	----	----	----	----	----	----	----	----	----	----	----

Glass 

03	06	09	12
----	----	----	----

Describe items checked above and any other damage:

This certifies that this Pre-Insurance Inspection Report is true and also attests to the authenticity of the Vehicle Identification Number.



Person Presenting Vehicle for Inspection (print) \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Inspector's Signature \_\_\_\_\_

Date and Time of Inspection \_\_\_\_\_